

February 21, 2019 CDS Connect Work Group Call



AGENDA

3:00 – 3:05	Roll Call, Ginny Meadows (MITRE)
3:05 – 3:10	Review of the Agenda, Maria Michaels (CDC)
3:10– 3:45	CDS Connect Sustainability Path Project, Lacy Fabian (MITRE) <ul style="list-style-type: none"> • Share current status and request for feedback • Question and answer period
3:45– 4:00	Demonstration of Artifact Discovery, Dave Winters (MITRE) <ul style="list-style-type: none"> • Provide a demonstration of artifact discovery • Question and answer period
4:00 – 4:15	OY2 Pilot Selection and CDS Development Approach, Ginny Meadows (MITRE) <ul style="list-style-type: none"> • Share information on OY2 pilot partner, as well as related CDS artifact development
4:15 – 4:25	CDS Connect Outreach and Demonstrations, Sharon Sebastian (MITRE) <ul style="list-style-type: none"> • AHRQ Webinar: CDS Connect Authoring Tool Training • HIMSS 19 Participation
4:25 – 4:30	Open Discussion and Close Out, Maria Michaels (CDC) <ul style="list-style-type: none"> • Open discussion and announcements • Concluding comments, review next steps and adjourn

- AHRQ = Agency for Healthcare Research and Quality
- CDS = Clinical Decision Support
- OY2 = Option Year 2
- HIMSS = Healthcare Information and Management Systems Society

CDS Connect Sustainability Path Project

CDS Connect Sustainability Project Milestones and Timeline Update

CDS Connect Sustainability project (September 2018- September 2019)

■ Current progress and next steps

- Analysis of CDS Connect sustainability options
 - Current State of CDS Connect (finalized)
 - Environmental scan (under AHRQ review)
 - **Discussions with organizations (by end of April 2019)**
 - Wrapping up initial outreach discussions and email contacts by roughly end of February
 - Preparing sustainer organization criteria for analysis to inform detailed discussions
 - Report of Detailed discussions with organizations (finalized June 2019)
 - Analysis and recommendations (finalized-July 2019)
- CDS Connect transition plan (finalized September 2019)
- Capture lessons learned (at project closeout)

Emerging Discussion Themes

■ Phase I

- Values, needs, and paths will be different depending on the desired user
- Desired user can inform the optimal business model
- Challenges facing CDS as a field aren't likely solved with a single solution

■ Phase II

- Split in perspectives from those approaching CDS from technology vs. those approaching it from practice
- Instances of identified value of CDS Connect opioid artifacts
- Value of trustworthiness of a public brand, with opportunities from private/commercial sector for further innovations

Emerging Discussion Themes (cont.)

■ Phase II (Key Informants)

- Possible opportunities to integrate CDS Connect into practice workflows
 - Integrate with content and data systems
 - CDS Connect as one tool to help with the implementation of evidence-based practices
- Opportunities to expand the reach of CDS Connect
 - Outreach groups not familiar with CDS Connect
 - Provided information about recent CDS Connect Authoring Tool training

Continued Outreach Informed by Emerging Themes

- **Active phase III outreach includes calls and email questions**
 - Who are the primary users of your evidence review products and/or related tools?
 - What challenges or opportunities exist in meeting their evidence-based practice needs?
 - Any CDS needs in particular? If, so how do you identify what CDS they need?
 - What approach do you take to promoting the implementation of evidence-based practice?
 - Does CDS play a role? If so, can you share an example of a typical type of CDS and how it fits into your promotion of evidence-based practice?
 - Are you familiar with CDS Connect? If yes, have you used the Repository or Authoring Tool or both?
 - Do you use other similar tools or systems?

Preparing Criteria for Assessing Sustainer Organizations

- **Input requested from CDS Connect Work Group (by March 1st)**
 - Primary users
 - Understanding primary users helps inform needed capabilities for likely future enhancements
 - Key performance indicators (KPIs)
 - Attributes and qualities important to the sustainment of CDS Connect
 - Defining CDS Connect Principles
 - Potential key attributes that are aspirational and expected to evolve with CDS Connect
 - Expected by AHRQ and users
 - What organizations (alone or in a partnership) that may have the interest in & capabilities to sustain CDS Connect's entire ecosystem? Parts?
- **Six-question survey link**
 - Information gathered to be used internally to develop criteria for assessing sustainer organizations

Figure 1 - In your view, who are the current primary and secondary users of CDS Connect?

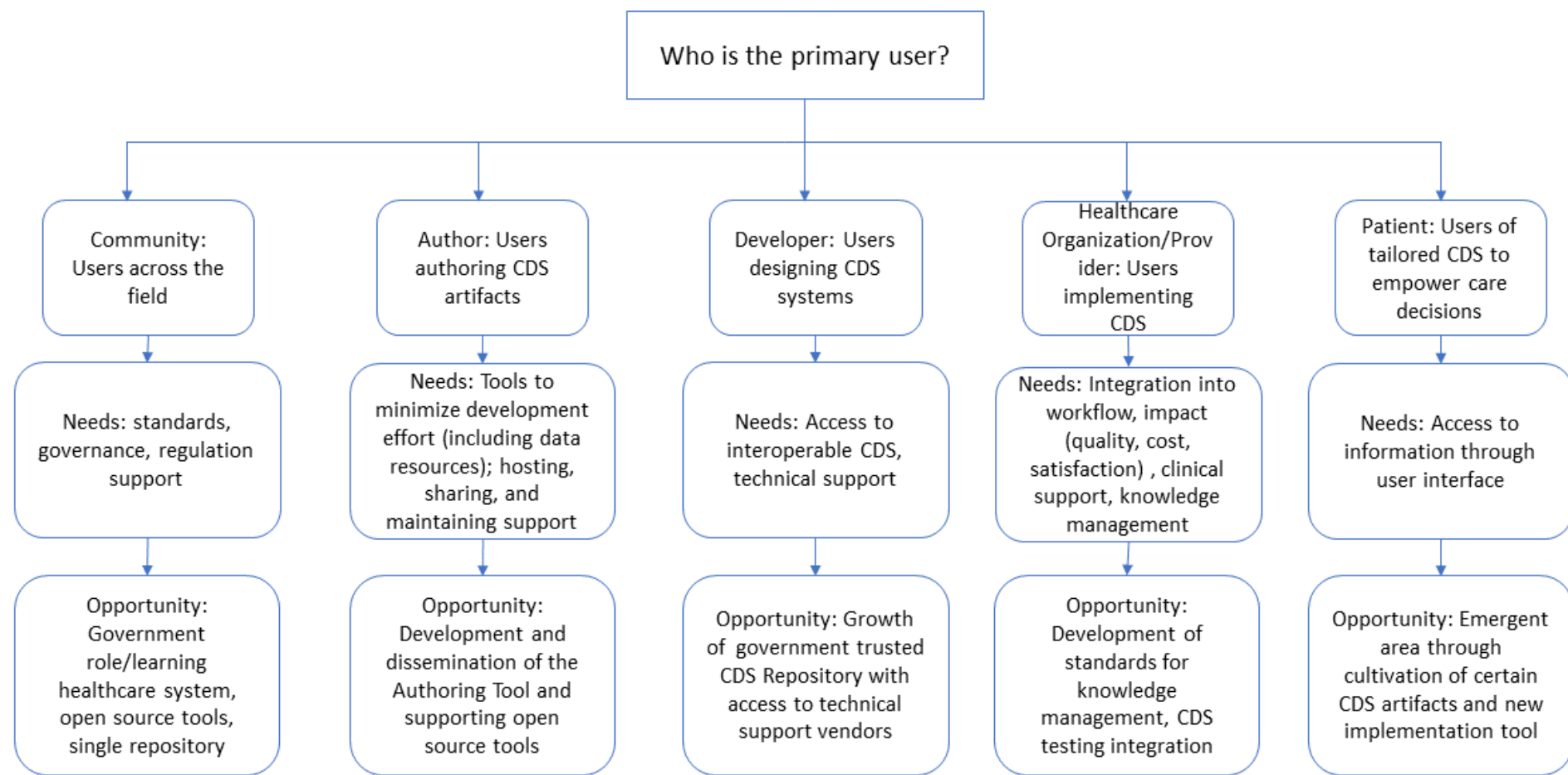
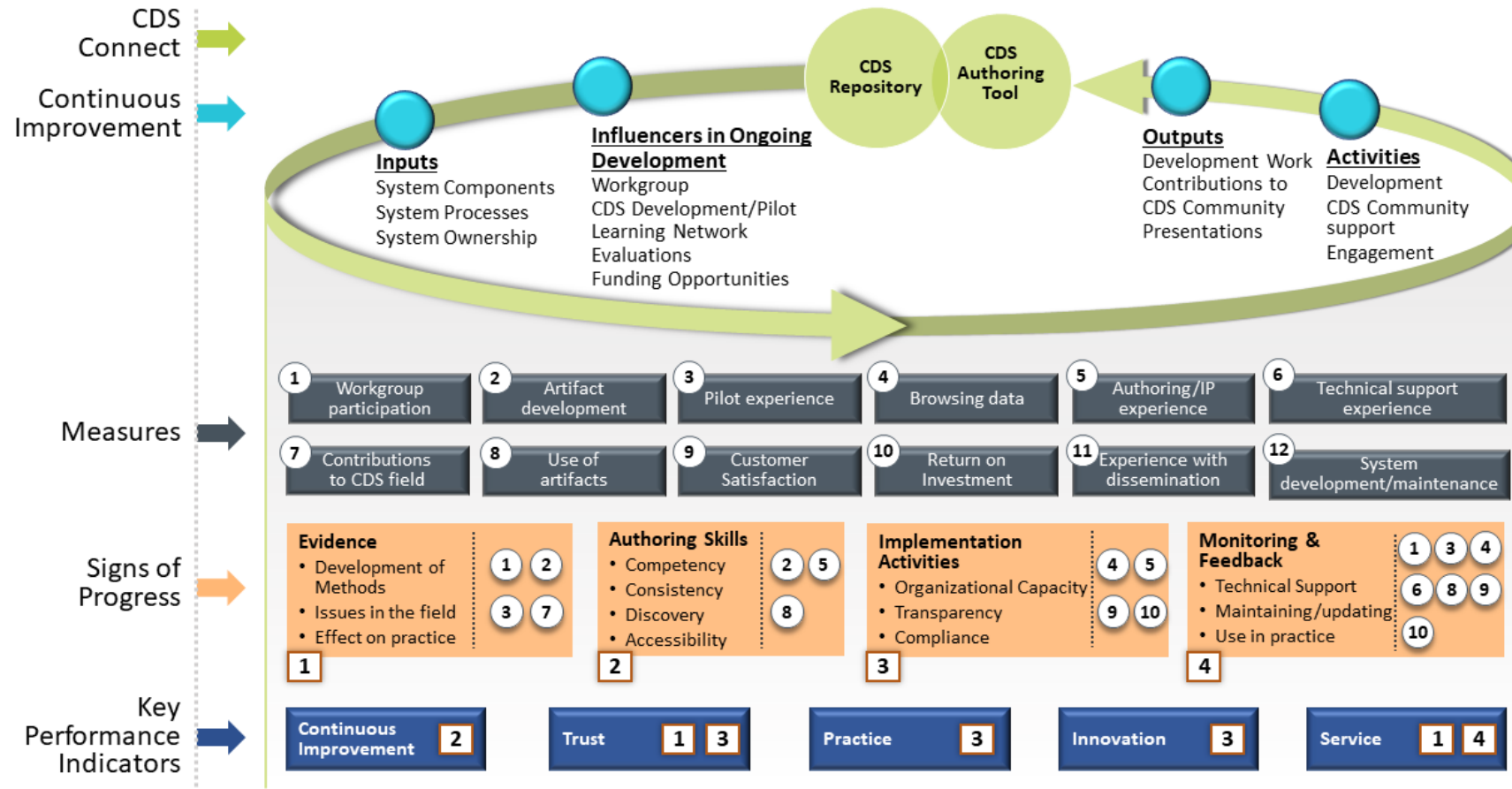


Figure 2 - How important is each KPI in determining the success of CDS Connect?



Demonstration of Artifact Discovery

OY2 Pilot Selection and CDS Development Approach

OY2 Pilot Partner: b.well Connected Health



- **b.well Connected Health:** www.icanbwell.com
 - Small, woman-owned, private company founded in 2015 by Kristen Valdes
 - Mission: *“to reduce the prevalence of avoidable chronic disease and make health care simple, personal, and affordable”*
 - Personalized health management resources targeted to consumers and caregivers, to help self-manage the entire health care process

MY HEALTH JOURNEY



Play games with challenges that encourage healthy choices and behaviors.



Earn rewards for meeting health and fitness goals personalized for you.



Receive reminders and incentives for preventive screenings and others ways to manage your health.

OY2 Pilot Partner: b.well Connected Health

- **b.well meets optimal pilot characteristics:**
 - Utilize FHIR standards and terminologies
 - Possess mature technical capabilities and well-defined processes
 - Expertise in understanding patient/consumer needs
 - Desire for targeted, patient-facing CDS recommendations

Desired Pilot Characteristics:

- Patient-facing CDS
- Preventive Care is a priority
- IT integration capability
- Organizational priority and commitment to allocate resources
- Able to work within the pilot timeframe

*FHIR = Fast Healthcare Interoperability
Resources
IT = Information Technology*

CDS Development Process

- **B.well is providing their priorities for the 48 USPSTF A and B recommendations, based on current gaps and potential impact for their end users and customers**
- **Priority 1 recommendations:**
 - Abnormal Blood Glucose and Type 2 Diabetes Mellitus Screening
 - Healthful Diet and Physical Activity for CVD Prevention in Adults
 - Statin Use for the primary prevention of CVD in Adults*
 - Syphilis infection in Nonpregnant Adults and Adolescents Screening
- **MITRE is creating L2 representations of each recommendation**
- **The estimated level of effort to develop each artifact will determine the final number of artifacts supported**

** This artifact was developed and piloted during CDS Connect's first year of performance, and is available on the Repository.*

CVD = Cardiovascular Disease

L2 = Level 2

USPSTF = US Preventive Services Task Force

Considerations

- **Complexity of each recommendation, for example:**
 - The updated recommendation for Cervical Cancer Screening has 2 parts, and Part Two contains several different logic calculations
 - The frequency for recommending Colorectal Cancer Screening is dependent on the method used for the previous screening
- **Structured Data Availability, for example:**
 - Completed family history (BRCA-Related Cancer; Breast Cancer Medications; Colorectal Cancer Screening; Osteoporosis Screening)
 - Patient's 30-pack-year history (Lung Cancer Screening)
 - Counseling, i.e. Nutrition, Physical Activity, Alcohol Abuse, etc.

Next Steps

- **Continue working with b.well to identify additional recommendations based on their priorities as well as complexity and data constraints**
- **Work with the Task Force members to discuss any logic assumptions**
- **Further refine the L2 logic**
- **Begin identifying available Value Sets as well as gaps**

CDS Connect Outreach and Demonstrations

HIMSS 19 Participation

- **Education Session**

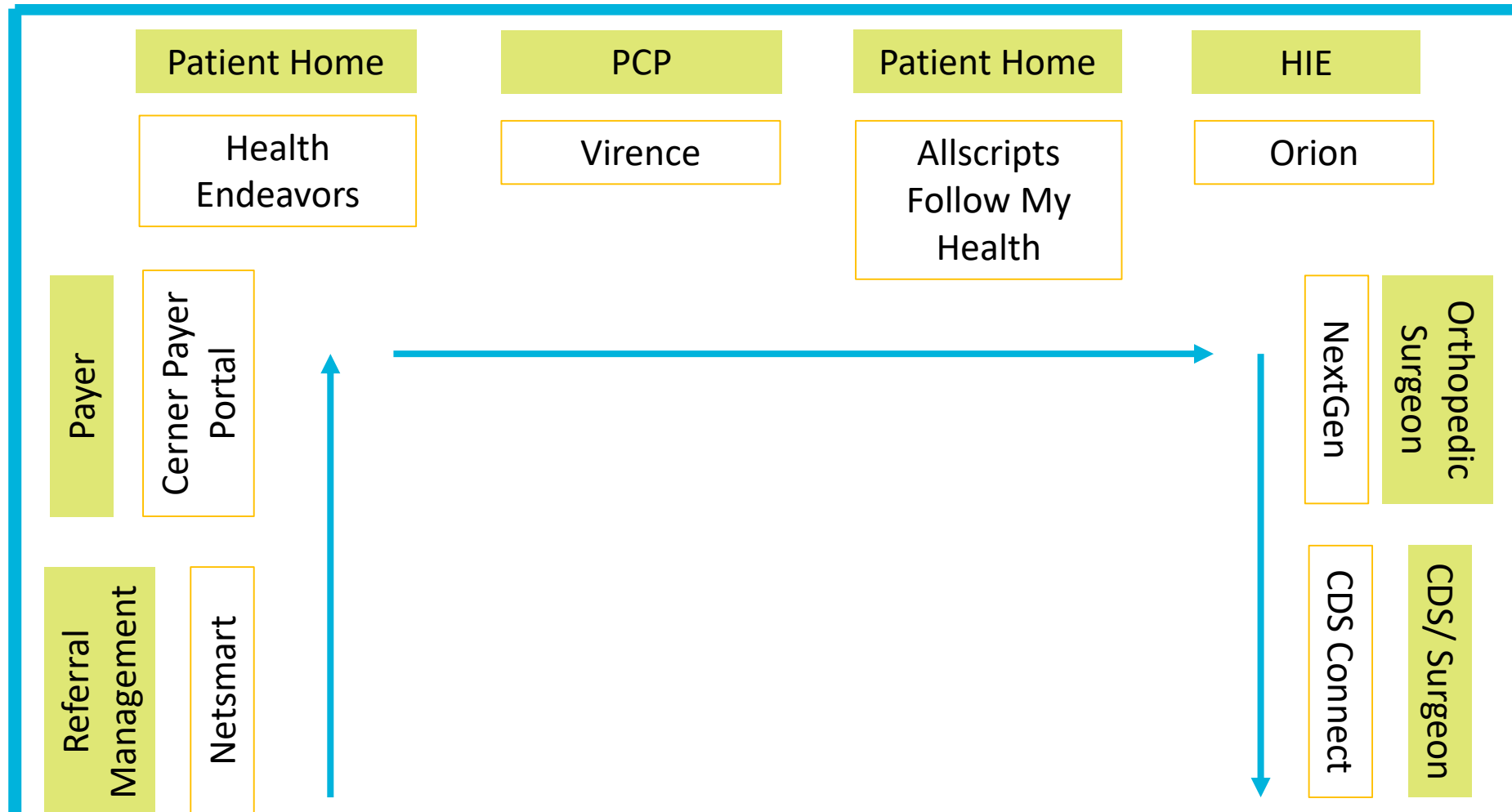
- Maximizing Synergy Between Federal Health Information and Technology Programs

- **Interoperability Showcase**

- 3 days, 22 demonstrations
- 11,000 attendees



Bundled Payment/Pain Management Use Case



AHRQ HIT Webinar: CDS Authoring Tool Training

- Held February 7, 2019
- Highly attended
- References for future use
 - Recorded webinar
 - Responses to questions
 - PDF version of slide deck

The screenshot displays the AHRQ Clinical Decision Support Authoring tool interface. At the top, the AHRQ logo and tagline 'Agency for Healthcare Research and Quality Advancing Excellence in Health Care' are visible. The main header reads 'PATIENT-CENTERED OUTCOMES RESEARCH Clinical Decision Support Authoring'. Navigation links include 'Home', 'Artifacts', 'Workspace' (selected), 'Testing', 'Documentation', and 'Feedback'. A user profile 'sharon.sebastian' is in the top right.

The workspace is titled 'Statin Demo' and shows a 'Last saved Wednesday, February 20th 2019, 7:39:39 pm.' timestamp. Below the title are tabs for 'Inclusions', 'Exclusions', 'Subpopulations', 'Base Elements', 'Recommendations', 'Parameters', and 'Handle Errors'. The 'Inclusions' tab is active, showing a logic rule for age: '40-75: The patient's age is between 40 years and 75 years is not null'. Below this is a dropdown menu set to 'And'. The 'Condition' section shows 'Diabetes' as the condition. The logic rule is: 'There exists a confirmed active or recurring condition with a code from Diabetes'. The 'Value Set' is 'Diabetes (2.16.840.1.113883.3.464.1003.103.12.1001)' and the 'Expressions' are 'Confirmed'.

Open Discussion and Close-out

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